

SEASON SUBSCRIPTION ORDER FORM 2008-2009

PLEASE RETURN THIS FORM TO: F. Scott Fitzgerald Theatre • 603 Edmonston Drive • Rockville, MD 20851

For ticket information, call the box office at 240-314-8690. For other information, call us at 301-221-5434.



SELECT A SERIES . . .	<input type="checkbox"/> 1 ST FRIDAY 8:00 PM	<input type="checkbox"/> 2 ND FRIDAY 8:00 PM	<input type="checkbox"/> 1 ST SATURDAY 8:00 PM	<input type="checkbox"/> 2 ND SATURDAY 8:00 PM	<input type="checkbox"/> 1 ST SUNDAY 2:00 PM	<input type="checkbox"/> 2 ND SUNDAY 2:00 PM
GYPSY	July 11	July 25	July 12	July 26	July 20	July 27
NOISES OFF	September 19	September 26	September 20	September 27	September 21	September 28
THE SOUND OF MUSIC	October 31	November 14	November 1	November 15	November 9	November 16
PROOF	January 23	January 30	January 24	January 31	January 25	February 1
LONG DAY'S JOURNEY	May 1	May 8	May 2	May 9	May 3	May 10

SELECT YOUR SEATS . . .

Check all that apply:

- Front Middle Back
 Side Center Aisle Wheelchair Accessible

I would like to sit with another season subscriber:

Name: _____

I checked more than one series. Please pick the one with the best seats.

TELL US HOW YOU WOULD LIKE TO PAY FOR YOUR TICKETS . . .

- Check (Make payable to the City of Rockville)
 VISA
 MasterCard

Card Number: _____

Expiration Date: _____

Signature: _____

TELL US HOW MANY TICKETS YOU WOULD LIKE . . .

CATEGORY	NUMBER OF SUBSCRIPTIONS	PRICE PER SERIES OF ALL 5 SHOWS	SUBTOTAL
Adult	<input type="text"/>	x \$80* =	\$ <input type="text"/>
Senior/Student (age 62+ or student ID)	<input type="text"/>	x \$70* =	\$ <input type="text"/>
RLT and RMT currently receive no public funds and rely on ticket sales, contributions, and volunteer support. Please help! Thank you for your donation!			DONATION \$ <input type="text"/>
			TOTAL \$ <input type="text"/>

* Price includes city box office fee.

TELL US WHERE TO MAIL YOUR TICKETS (and how to contact you) . . .

If order is for more than one household, please see the back of this form.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail: _____

For box office use only:	ACCT NUMBER	This season (08-09) SERIES: FR1 FR2 SA1 SA2 SU1 SU2
	DATE PROCESSED	SEATS:

